

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 010681	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/05/2012
NAME OF PROVIDER OR SUPPLIER STERLING HOUSE OF EVANSVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 6521 GREENDALE DR EVANSVILLE, IN 47711		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for a Residential State Licensure Survey</p> <p>Survey Dates: April 3-5, 2012</p> <p>Facility number: 010681 Provider number: 010681 AIM number: N/A</p> <p>Survey Team: Diane Hancock, RN TC Amy Wininger, RN Barbara Fowler, RN Vickie Ellis, RN 4/3/12</p> <p>Census bed type: Residential 44 Total 44</p> <p>Census payor type: Other 44 Total 44</p> <p>Sample: 7 Supplemental Sample: 2</p> <p>Sterling House of Evansville was found to be in compliance with 410 IAC 16.2 in regard to the Residential State Licensure Survey.</p> <p>Quality review 4/09/12 by Suzanne Williams, RN</p>	R 000		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

N2U611

If continuation sheet 1 of 1